



# HOWARD COUNTY, MARYLAND

## LOCAL BUSINESS INITIATIVE

### CERTIFICATION APPLICATION

Howard County is committed in creating a competitive and balanced economic environment within the county by ensuring community growth through the Local Business Initiative Program. The goal of this program is to promote the growth and success of local businesses and increase the percentage of county procurement dollars flowing to local businesses.

Thank you for your interest in Howard County's Local Business Initiative Certification. Certification is available to all businesses that meet the eligibility guidelines. There is no application fee for this service.

### ELIGIBILITY CHECK FOR HOWARD COUNTY LOCAL BUSINESS INITIATIVE CERTIFICATION

<b>IS YOUR BUSINESS A CURRENTLY ACTIVE BUSINESS MAINTAINING ITS PRINCIPAL PLACE OF BUSINESS IN HOWARD COUNTY, MARYLAND?</b>	<input type="checkbox"/> <b>YES</b>	<input type="checkbox"/> <b>NO</b>
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**If you answered "YES" to the question listed above,  
you can proceed to apply for certification in this program.**

1. Contact Information and Business Profile:

Name of Company \_\_\_\_\_

Trade name (if any) \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Phone # \_\_\_\_\_ / \_\_\_\_\_ Fax # \_\_\_\_\_ / \_\_\_\_\_ Email Address \_\_\_\_\_

Street Address **(Must represent physical location. Post Office Boxes are not accepted)** \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Website: \_\_\_\_\_

2. Is this a Home Based Business? ☐ YES ☐ NO

3. Is your firm "For Profit"? ☐ YES ☐ NO

4. Firm's Federal Employer Identification Number (EIN) # : \_\_\_\_\_

5. Is your firm currently certified in Howard County's Equal Business Opportunity (EBO) Program?

☐ YES ☐ NO

6. Indicate Type of Organization and **ATTACH ARTICLES OF INCORPORATION, PARTNERSHIP AGREEMENT, JOINT VENTURE AGREEMENT, OR OTHER APPLICABLE DOCUMENTS:**

- ☐ Individual
- ☐ Sole Proprietorship
- ☐ Corporation
- ☐ Partnership
- ☐ Joint Venture
- ☐ Association
- ☐ LLC/LPP/Other \_\_\_\_\_

7. Type of Business

- ☐ Wholesale Distributing
- ☐ Manufacturing or Production
- ☐ Retail Dealer
- ☐ Service Organization
- ☐ Contractor
- ☐ Other

8. Business Profile: Give a concise description of the firm's primary activities and the product(s) and service(s) it provides:

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9. Business Ownership Information

Date Business Established: \_\_\_\_\_

10. Identify all individuals or holding companies with any ownership interest in your firm, providing the information requested below:

Name	Years of Ownership	Ownership Percentage	Voting Percentage

11. Relationships with Other Businesses

Check the appropriate box that indicates whether at present, or at any time in the past your firm has:

(a) been an affiliate or subsidiary of another business? ☐ YES ☐ NO

(b) consisted of a partnership in which one or more of the partners are other firms? ☐ YES ☐ NO

(c) owned any percentage of any other firm? ☐ YES ☐ NO

(d) has any affiliates or subsidiaries? ☐ YES ☐ NO

**12.** Has any other firm had an ownership interest in your firm at present or at any time in the past?

☐ YES    ☐ NO

If you answered "YES" to any of the questions in # 11 and/or # 12, identify the following for each:

Name	Address	Type of Business

**13. Vendors must be registered to do business in, and must be in good standing with, the State of Maryland, Department of Assessments and Taxation. Attach either a copy of your certificate of good standing or a print screen of good standing, obtained from the [State of Maryland, Department of Assessments and Taxation website](http://www.dat.state.md.us). If your company is not in good standing you may contact the Maryland Department of Assessments and Taxation at [www.dat.state.md.us](http://www.dat.state.md.us) or by calling (410) 767-1340 or Toll Free (888) 246-5941 for information.**

## SUPPORTING DOCUMENTS CHECKLIST

### CHECKLIST OF ALL REQUIRED DOCUMENTS IN ORDER TO PROCESS YOUR CERTIFICATION WITH HOWARD COUNTY

*Incomplete applications will NOT be processed. Make sure to attach copies of ALL supporting documents as they apply to you and your firm. Additional documentation may be requested to determine certification eligibility.*

- ☐ Business Organization Documents:  
Attach Articles of Incorporation, Partnership Agreement, Operating Agreement, Joint Venture Agreement, etc.
- ☐ State of Maryland, Department of Assessments Certificate or a Print Screen of Good Standing.
- ☐ Completed and Signed Affidavit

## HOWARD COUNTY LOCAL BUSINESS INITIATIVE AFFIDAVIT

### I HEREBY AFFIRM THAT:

- A. I have read and understand that where the use of County funds **only** is involved, Howard County applies the following definition in determining eligibility for certification:

**Local Business:** A local business is defined as a business for which the Applicant's principal business location is in Howard County, Maryland.

- B. I have read and understand that a certifiable business is any business which meets the definition set forth above in paragraph A.

The undersigned certifies and attests that the company seeking certification does, fully and completely, meet the eligibility criteria for Howard County Local Business Initiative Certification.

- C. The undersigned further certifies and attests that the company seeking certification meets the following eligibility qualifications as a local business in Howard County, Maryland:

- (a) Maintains its principal location for business operations in Howard County, Maryland
- (b) Such location is staffed with full-time employees.
- (c) Such location is open to the public on a regular basis.
- (d) Note: A post office box shall not be considered a physical business address.

- D. I also understand that when funds, other than Howard County funds are involved, i.e., Federal or State, the procurement laws and regulations governing those funds shall apply and the terms and conditions of the Local Business Program shall not apply.

- E. Furthermore I understand that:

- (1) A person may not:

- (a) Fraudulently obtain, retain, attempt to obtain or retain, or aid another in fraudulently obtaining or retaining or attempting to obtain or retain certification for the purpose of this program.
- (b) Willfully make a false statement, whether by affidavit, report, or other representation, to a County official or employee for the purpose of influencing the certification or denial or certification of any entity as defined for the purpose of this program.
- (c) Willfully obstruct, impede, or attempt to obstruct or impede any County official or employee who is investigating the qualifications of a business entity, which has requested certification.

- (2) A person may not willfully make false statements that any entity is or is not certified for purposes of the County's program. Any person and/or company they represent who violates the provisions of the Local Business Initiative may be barred from conducting business with the County.

- F. In light of the definition concerning a Local Business cited in this application, which I have read and understand, I declare and affirm that as the duly authorized representative of this company, the company set forth above meets the requirements of a certifiable business.

- G. If required, all local licenses, permits and/or certifications have been obtained and are currently valid in accordance with the applicable local laws.

- H. The undersigned does understand that the company may be subject to further investigation by a representative of the County and does hereby agree to cooperate fully with the County representative conducting the investigation.

Trade secrets, information privileged by law, and confidential commercial, financial, geological or geophysical data furnished will be protected only as provided by the provisions of Subtitle 6, Part III, "*Access to Public Records*," *State Government Article, Annotated Code of Maryland* and as may be interpreted by the Courts and the Attorney General of Maryland.

**ALL MATERIAL CHANGES IN PRINCIPAL LOCATION OF THIS COMPANY, WHICH AFFECTS ITS LOCAL BUSINESS CLASSIFICATION STATUS, SHALL BE SUBMITTED IMMEDIATELY TO THE OFFICE OF PURCHASING, 6751 COLUMBIA GATEWAY DRIVE, SUITE 501, COLUMBIA, MARYLAND 21046.**

I do solemnly declare and affirm that I have read the foregoing document and the contents are true and correct to the best of my knowledge, information and belief.

I am the, \_\_\_\_\_(TITLE), and the duly authorized representative of the company as registered on page one of this application and I possess the legal authority to make this affidavit on my behalf and on behalf of the company for which I am acting.

\_\_\_\_\_  
Certification Signature

(MUST BE SIGNED BY A COMPANY OFFICIAL)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed or Printed Name

**SEND THE COMPLETED APPLICATION AND SUPPORTING DOCUMENTS TO:**

**Howard County Office of Purchasing  
6751 Columbia Gateway Drive, Suite 501  
Columbia, MD 21046  
Fax: (410) 313-6388  
Email: [Purchasing@howardcountymd.gov](mailto:Purchasing@howardcountymd.gov)**